

<b>Case Number:</b>	CM13-0044105		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female who reported a work-related injury on 11/3/12; the mechanism of injury was not provided for review. The patient presents for treatment of the following diagnoses: status post left arthroscopic medial and partial lateral meniscectomy, complete synovectomy, and chondroplasty as of 9/18/13 under the care of [REDACTED]. The clinical note dated 11/27/13 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documents that the patient is tender upon palpation of the right knee with range of motion noted to be at 0 degrees to 125 degrees. Left knee exam revealed range of motion at 2 degrees to 100 degrees. The provider documented the patient was to continue with physical therapy interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**60 Nizatidine 150mg dispensed on 9/5/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The clinical documentation submitted for review failed to evidence the patient's reports of efficacy with the requested medication. The clinical notes failed to evidence that the patient presents with gastrointestinal complaints to support the requested medication, as per California MTUS Guidelines. As such, the request is not medically necessary.

**60 Naproxen Sodium 550mg dispensed on 9/5/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**Decision rationale:** The clinical documentation submitted for review lacks evidence to support the patient's utilization of this medication chronic in nature. The California MTUS indicates that naproxen is utilized as an anti-inflammatory and an analgesic. However, given the lack of documentation evidencing significant objective functional improvements as well as significant decrease in rate of pain on the VAS scale, the request is not medically necessary.

**60 Hydrocodone Bit/Acet 10/325mg dispensed on 9/5/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of her medication regimen. Clinical notes do not document significant objective functional improvements or decrease in rate of pain on a VAS scale to support chronic utilization of this medication. As such, the request is not medically necessary.